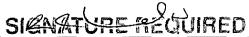
2000 U	NIFORM	<b>BUSINESS</b>	REPORT	(UBR
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DOCUMENT # A29058  1. Entity Name						SECKLINED SECKLINERY OF STATE DIVISION OF SCREGRATIONS			
MINILIK PARTNERS, LTD.									
Principal Place of Business Mailing Address 5401 S. KIRKMAN ROAD 5401 S. KIRKMAN ROAD SUITE 725 SUITE 725 ORLANDO FL 32819 ORLANDO FL 32819-7912						00 APR 19 AM 11: 43			
Principal Place of Business     3. Mailing Address			. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. FEI Number 59-2984896 Applied For Not Applicable			
Zip	C	ountry	Zip	Country		5. Certificate of	Status Desired	\$8.75 Additional Fee Required	
-	6. Name and	Address of Current Reg	istered Agent			7. Name and A	ddress of New Registere	d Agent	
IN LATER F	3401115 4			Nam	ie				
KHATIB, F		Tr 305		Street Address (P.O. Box Number is Not Acceptable)					
	(man RD., Sui	IE /25							
UKLANDU	) FL 32819								
				City			F	L Zip Code	
8. The above	named entity sub	omits this statement for the	purpose of changing its re	egistered offic	e or register	ed agent, or both,	in the State of Florida.		
SIGNATURE .	Signature, typed or prin	ited name of registered agent and tit	e if applicable (NOTE: F	Registered Agent si	gnature required	(when reinstating)	DATE	<del> </del>	
9. Capital Contributions \$1,200,000,00 10. Amount of Capital			10. Amount of Capital in FLORIDA to date		tributions  11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			LE TO DEPT. OF STATE FOR FEE INFORMATION	
,	A GEN	ERAL PARTNER THA	I IS A BUSINESS ENTI	TY MUST E	E REGIST	FERED AND AC	TIVE WITH THIS OFFIC	CE.	
12.	NOTE: Ge	GENERAL PARTNER INF	OT be changed on the	13.	menomen	t must be filed	ADDRESS CHANGES C		
DOCUMENT# NAME	L20661 MINILIK REMP, INC. ET ADDRESS S401 KIRKMAN RD STE 725			STREET ADDRE	SSS				
STREET ADDRESS CITY-ST-ZIP				CITY - ST - ZIP					
DOCUMENT # NAME				STREET ADORE	ss	80	10003241	4585	
STREET ADORESS CITY-ST-ZIP				CITY-ST-ZIP			-05/05/00 ****526.25	****526.25	
DOCUMENT # NAME				STREET ADDRE	ss				
STREET ADORESS CITY - ST - ZIP	<u>-</u>			CITY-ST-ZIP					
DOCUMENT# NAME	l			STREET ADDRE	ss				
STREET ADDRESS CITY-ST-ZBP				CITY-ST-ZIP			<u>-</u>		
DOCUMENT#  NAME  STREET ADDRESS				STREET ADDRE	ss				
CITY-ST-ZIP				CITY-ST-ZIP			,		
NAME  STERET ADDRESS				STREET ADORE	ss			<u>.</u>	
STREET ADDRESS CITY-ST-ZIP	pertify that the info	ormation supplied with this	filing does not qualify for the	CITY-ST-ZIP	stated in Se	action 119 07(3)(i)	Florida Statutes I further o	certify that the information	
indicated	on this report is t	rue and accurate and that	my signature shall have the	e same legal	effect as if m	nade under oath: t	hat I am a General Partner	pertify that the information of the limited partnership or	

the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes



Rashid A. Khatib 2/25/00

407-354-2200

CR2E003 (9/99)